

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10398
State File No. 2896
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION 720 ^a Chouteau Avenue				d. STREET ADDRESS (If rural, give location) 22 - 720 ^a Chouteau Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Maggie		b. (Middle) May		c. (Last) Erisman		4. DATE OF DEATH (Month) (Day) (Year) March 26 - 1950	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH July - 3 - 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 64		11. BIRTHPLACE (State or foreign country) Ohio	
13a. FATHER'S NAME Henry Black		13b. MOTHER'S MAIDEN NAME Anna Kennedy		14. NAME OF HUSBAND OR WIFE Thomas		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rustin Erisman 720 ^a Chouteau Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) 156A		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb 25, 1950, to Mar 26, 1950, that I last saw the deceased alive on , 19 , and that death occurred at 5:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) Rustin Erisman				23b. ADDRESS 2105 W. Broadway		23c. DATE SIGNED 3/27/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-50		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 1950 MAR 29 1950				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc 230 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. John B. Canepa
2105 So. Blwy

10 - 11 am

12 - 5³⁰ pm

7 - 8 pm

Embalmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

L. P. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2301 Kajantia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.